



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
SPONSORED CENTERS SITE VISIT REPORT – REVIEW BY SPONSOR

| SECTION I. GENERAL INFORMATION | | | | | |
|--|-----------------|---------------------------|---|--|---------------|
| NAME OF SPONSORING ORGANIZATION | | | | DATE <input type="checkbox"/> ANNOUNCED <input type="checkbox"/> UNANNOUNCED | |
| NAME OF CENTER | | | | DATE OF LAST SPONSOR REVIEW | |
| SO REVIEWER | | TIME OF ARRIVAL AT CENTER | TIME OF DEPARTURE FROM CENTER | | MEALS CLAIMED |
| LICENSE NUMBER | EXPIRATION DATE | | CAPACITY | HOURS OF OPERATION | |
| SECTION II. MEAL SERVICE | | | | | |
| 1. MEAL OBSERVED | | | 2. NUMBER SERVED _____ CHILDREN _____ ADULTS | | |
| 3. MENU SERVED PRODUCTION REQUIREMENTS (CATERED MENUS ONLY) | | | | | |
| | AMOUNT NEEDED | AMOUNT PREPARED | | | |
| MEAT | _____ | _____ | | | |
| VEG/FRUIT | _____ | _____ | | | |
| | _____ | _____ | | | |
| BREAD | _____ | _____ | | | |
| MILK | _____ | _____ | | | |
| 4. Were adequate quantities provided? | | | YES | NO | N/A |
| 5. Was meal served using: _____ family style _____ unitized | | | | | |
| 6. Were appropriate procedures used for serving the meal depending on the type of meal service? | | | | | |
| 7. Does the center care for infants (birth to first birthday)? If yes: a. Is an Infant Feeding Preference form on file for each infant? b. Did the meal meet requirements? c. Is there an individual infant meal record for each infant in care on file and accurately completed? | | | | | |
| SECTION III. SANITATION and FOOD SAFETY | | | | | |
| 1. Food is free from spoilage, dirt, toxic chemicals, rodents, insects, and other contaminants. | | | | | |
| 2. Hot foods are held at greater than 140 degrees and cold foods held at 45 degrees or less. | | | | | |
| 3. Milk is Grade A pasteurized, within serve by date. | | | | | |
| 4. Food preparer maintains good personal hygiene and washes hands prior to the meal preparation and service. | | | | | |
| 5. Foods, which have been served, are properly disposed of and not saved for re-service. | | | | | |
| 6. Equipment and utensils appear to be clean. | | | | | |
| 7. No evidence of rodents, insects, etc. | | | | | |
| 8. Food service preparation areas are clean. | | | | | |
| 9. Children wash hands before eating the meal. | | | | | |

SECTION IV. RECORDS

1. Are the following records available and accurate?

- a. Annual Enrollment
- b. Daily Attendance Records
- c. Point of Service Meal Count Records
- d. Menus and purchase receipts
- e. Verification of Title XX Status or Free/Reduced #'s
- f. Key center staff have attended sponsor provided training

Date:

Topic:

SECTION VI. CIVIL RIGHTS

1. Are meals served to children regardless of race, color, sex, age, disability, and national origin?

2. Does the center allow all children equal access?

3. Number of children present on day of review by category:

_____ American Indian or Alaskan _____ Black
_____ Asian or Pacific Islander _____ Hispanic
_____ White

4. How are the parents of the participating children informed about the nondiscrimination policy?

_____ Poster
_____ Enrollment Form
_____ Brochure

SECTION VII. FINDINGS

Five day reconciliation of meals

Meal count on the day of the review: _____

The meal count for the same meal type observed on the day of the visit for each of the 5 preceding serving days.

| Date | # of meals counted |
|------|--------------------|
| | |
| | |
| | |
| | |
| | |

Summary of problems or observations noted on this monitoring visit.

Problems noted on previous visit

Have previous problems been corrected?

SIGNATURE OF REVIEWER

SIGNATURE OF FACILITY DIRECTOR